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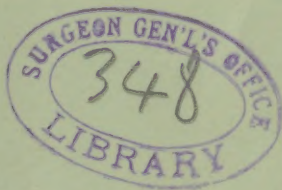
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See

DOUBLE OVARIOTOMY—
OPERATION.
DEATH FROM TETANUS.

BY
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A CASE OF DOUBLE OVARIOTOMY WITH ANTI-
SEPTIC PRECAUTIONS—DEATH ON THE NINE-
TEENTH DAY FROM TETANUS.

By P. L. HILSMAN, M.D., ALBANY.

The patient, a colored woman aged twenty-eight years, mother of three children, noticed a tumor in right iliac region about eight years ago. It did not annoy her much, but continued to grow until May 20th, 1872—about twelve months from the time that it was first observed—when the distension became such a source of distress to her that she applied to me for relief. On examination I found the abdomen largely distended; diagnosed the case as simple cyst of the right ovary. The cyst was tapped—yielding about four gallons of a viscid, albuminous fluid of a dark chocolate color. The menstrual function had not been disturbed. The patient improved in general health, but the cyst gradually re-filled, and in January, 1873, she consulted me again for relief. Found the abdomen again much distended. Complained of severe abdominal pain, had missed her courses for four months, and presented many physical signs of pregnancy. Cyst tapped, yielding about three gallons of straw colored fluid. Suspicion of pregnancy confirmed, the gravid uterus being now readily felt. No



bad symptom followed the evacuation of the cyst. Patient improved in health, went to full term and was delivered of a healthy female child. After delivery, I found that the tumor was quite small, and began to entertain the hope that the pressure of the gravid uterus had exercised such a resolvent or discutient effect as to cause its obliteration. However, it began to enlarge again, though slowly, showing that pregnancy had retarded its progress, and about twelve months later it became necessary to tap her again. Since that date the cyst has been emptied about once in every twelve months, always affording relief until the last tapping, February 14, 1880, prior to the removal of the tumor. From this date the cyst filled more rapidly, and the patient's health began to fail, consequently I thought the operation justifiable and that duty demanded it.

Operation.—April 10th, at 12 o'clock m. Present—Drs. McMillan, Cromwell, Alfriend, and Strother (city), and Dr. Westbrook, of Andersonville, (to whom acknowledgement is here given for assistance, encouragement and share of responsibility.)

Ligatures and sponges being soaked in carbolic lotion (1 to 40), and the abdomen well cleansed with the same, a full dose of opium, with quinine and whisky, was administered, and the patient fully anæsthetized with chloroform and ether (1 to 4). The carbolic spray (1 to 20) was now brought to bear over the seat of the operation. The hands and instruments being dipped in carbolic lotion (1 to 40), an incision was made in the *linea alba*, commencing one inch below the umbilicus and extending about six inches towards the pubis. The cyst wall being exposed, the patient was inclined to one side, and two ordinary, straight trocars inserted to evacuate

the fluid contents, care being taken to prevent its escape into the abdominal cavity. Cyst was found adherent to the walls in front, and almost universally so to the omentum. The adhesions were broken up with the hand—considerable hemorrhage resulting, which was controlled chiefly by torsion, only one ligature being used. The pedicle was transfixed with a double ligature of plaited silk, tied in two sections, cut off and dropped. The left ovary being examined, was found to have taken on a similar degeneration, having a cyst about the size of an egg. Its pedicle was encircled with a strong ligature, cut and dropped. A portion of this ovary was healthy, and presented a well marked ruptured Graafian follicle with partially absorbed clot, patient having menstruated about two weeks prior to the operation. The main tumor, including fluid contents, weighed about thirty-two pounds. The abdominal cavity was now cleansed of clots by means of sponges wrung out in carbolized lotion (1 to 40), and the incision closed with four large silk sutures extending through the abdominal peritoneum, aided by intermediate sutures of silver wire.

The wound was now dressed antiseptically, as follows: first, the protective (oil silk varnished on both sides with copal), then six layers of the antiseptic gauze, which overlapped the protective; next, a roll of carbolized absorbent cotton; and over all a flannel bandage, smoothly applied and kept in position by shoulder and perineal straps.

The patient was considerably depressed after the operation (which lasted about an hour); was given a cup of strong coffee and an enema of whisky.

Four o'clock P. M.—Reaction fully established. Complaints of great hunger. Allowed beef essence in small quantity.

7 o'clock P. M., Tem. 98, Pulse 85, Bladder emptied voluntarily.					
11th, 8	"	A. M.,	" 98	" 86,	Diet, beef essence and milk.
7	"	P. M.,	" 100	" 100,	" " " " "
12th, 8	"	A. M.,	" 99	" 90,	" " " " "
7	"	P. M.,	" 100	" 95,	" " " " "
13th, 8	"	A. M.,	" 99	" 90,	allowed solid diet.
7	"	P. M.,	" 100	" 95.	
14th, 8	"	A. M.,	" 99	" 80,	bowels moved by enema.
7	"	P. M.,	" 99	" 90.	
15th, 8	"	A. M.,	" 99	" 80.	
7	"	P. M.,	" 100	" 90,	ordered laxative pill.
16th, 8	"	A. M.,	" 98	" 80,	bowels moved.
7	"	P. M.,	" 98	" 85.	
17th, 8	"	A. M.,	" 98	" 80.	

Dressing removed under the spray—being 8th day after operation. Not the least trace of suppuration could be seen. The incision apparently healed by the first intention. The antiseptic dressing was renewed. The patient was now allowed a generous diet (appetite being excellent). Catamenia returned on the 20th (about regular time), flow scanty—lasting three days. Dressing was removed again (no spray being used). On 24th, nothing having occurred to mar the progress of the case, all sutures were removed, and without the exit of one drop of pus. The abdomen was anointed with unguent. petrolei, and flannel binder applied. Patient continued to improve from day to day, gaining flesh and strength, until (27th) at four o'clock A. M., when I was summoned to see her. Found her with active fever which had been ushered in by a chill, attributable to getting a little damp from the rain which had fallen during the night, the bed being exposed to an open window. Complains very much of her throat. Tongue coated. Ordered mercurial purge and solution acetate of ammonia with sweet

spirits of nitre. Throat to be gargled with vinegar and salt, and turpentine applied externally; warm pediluvium. Four o'clock p. m., fever abated; ordered Rochelle salt and quinine.

28th, 8 o'clock, a.m.—On entering the room I noticed that the expression of my patient was that of great anxiety. States that for several hours she has had a jerking in her chest. When asked to see her tongue, it was with great difficulty protruded, the effort producing slight general muscular rigidity. Intellect clear. Complains of no pain, but is greatly annoyed with the jerks—as she expresses herself. You can well imagine my horror and despondency when I recognized that my patient had tetanus. Hypodermic morphia and chloral with bromide potassium *per orem* were given, *pro re nata*, to control spasms. Bowels moved by enema. Counter-irritation to spine with turpentine—followed by bottles of hot water.

7 o'clock, p.m.—Has rested well during the day from anodynes; tetanic symptoms less marked; takes chicken essence and milk punch with relish.

29th, 7 o'clock, a.m.—Symptoms aggravated, jaws rigidly clenched; unable to swallow fluids when poured through the lips; marked opisthotonos; sweating profusely; skin cold; great depression; ammonia and brandy were given by enema, and bromide of ethyl by inhalation, yet all to no effect; symptoms continue unabated, death closing the scene at seven o'clock, p.m.

Post mortem was held twelve hours after death; *rigor mortis* marked; abdomen flaccid; cicatrix perfect—indicated by a mere line. An incision was made to one side of the median line—parallel to that of the operation—and

the abdominal cavity exposed. No adhesion of viscera to walls in front; fluid normal in appearance and quality; no odor of decomposition; small pedicle was free, its ligature being encysted in an organized mass; large pedicle was adherent to the ascending colon, its ligature encysted in a like manner; uterus was healthy and freely movable, not the least evidence of inflammation could be traced. No other organs were examined.

Remarks.—There are several points of interest in connection with the case to which I desire to call the attention of the profession. 1st. The beneficial effect that pregnancy had in retarding the growth of the tumor, though contrary to the teachings of many authors, the majority of whom would insist on premature delivery. ~~It is~~ not possible that some means might be devised by which well regulated pressure might become a curative agent in a certain class of these cases? Let some one undertake it. 2d. The trivial constitutional disturbance following the operation prior to symptoms of tetanus. It will be noticed that the pulse never exceeded 100 nor the temperature 100° F.; patient did not suffer a pain, and the wound made a rapid union by first intention. Could such results follow any other method than the antiseptic? I honestly confess not, and henceforth enlist in the ranks of those who give honor and praise to the illustrious Lister. Lastly, I would notice the unusual termination of the case. Tetanus setting up and carrying off the patient when all danger had apparently passed.

